

Department of Social and Health Services

DP Code/Title: PL-EK Adult Day Health Eligibility Asses

Program Level - 050 Long Term Care Services

Budget Period: 2003-05 Version: 11 2003-05 Agency Request Budget

Recommendation Summary Text:

Funding is requested to allow eligibility determinations for Adult Day Health (ADH) Services to be made by Aging and Adult Services Administration (AASA) Home and Community Services (HCS) staff and Area Agency on Aging (AAA) field workers, rather than by service providers as is current practice. This change is expected to result in savings due to controlling growth in ADH caseload.

Fiscal Detail:

Operating Expenditures

	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Program 050			
001-1 General Fund - Basic Account-State	77,000	(43,000)	34,000
001-C General Fund - Basic Account-DSHS Medicaid Federa	91,000	(20,000)	71,000
Total Cost	168,000	(63,000)	105,000

Staffing

	<u>FY 1</u>	<u>FY 2</u>	<u>Annual Avg</u>
Program 050 FTEs	6.1	4.6	5.4

Package Description:

The ADH program provides rehabilitative services to help participants become more self-sufficient, and provides support and counseling to families caring for a mentally, physically, socially, and/or emotionally impaired family member, thereby preventing or delaying entrance into 24-hour care or reducing the length of stay in such care. These services are provided by contract with local providers or through AAA caseworkers that subcontract with local providers.

Historically, ADH providers have determined eligibility for Medicaid-funded ADH services by conducting their own needs assessment and developing their own plan of service for potential participants. Currently 70 percent of ADH clients are also assessed and receive services from an HCS or AAA caseworker - not necessarily in coordination with ADH services.

Regulations are currently being developed that will change the eligibility determination process for ADH services, making it more consistent with other community-based services authorization. As with other services, HCS or AAA staff, independent of the providers, would authorize ADH services and incorporate ADH into their service plans.

Narrative Justification and Impact Statement

How contributes to strategic plan:

This proposal will enhance the department's ability to manage its programs effectively by ensuring consistent application of eligibility rules and assuring ADH services are provided in concert with the overall package of services supporting a particular client.

Performance Measure Detail

Program: 050

Goal: 03E Budget Performance and Economic Value

Efficiency Measures

7ED Monthly average cost per long-term care client.

Incremental Changes

<u>FY 1</u>	<u>FY 2</u>
.29	-.10

Reason for change:

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ADH program expenditures continue to rise beyond the budget appropriated by the Legislature. Consistent application of eligibility rules and maximum coordination of public resources are part of the steps necessary to keep the program on target.

Impact on clients and services:

By the start of the 2003-05 Biennium, it is anticipated the new rules that require independent eligibility determination will have been in place for nine months. It is projected that up to 25 percent of the participants reviewed by that time will have been determined ineligible. Approximately 1,432 ADH clients will require ongoing management by HCS and AAA caseworkers. Clients who are eligible for services should see enhanced coordination of care. Those who are terminated from the program will be directed to more suitable forms of care.

Impact on other state programs:

Community Options Program Entry Services (COPES) clients who are ineligible for ADH may be eligible for Adult Day Care under COPES, thereby increasing the cost of that program.

Relationship to capital budget:

None

Required changes to existing RCW, WAC, contract, or plan:

WAC changes are pending.

Alternatives explored by agency:

The alternative for controlling the ADH budget without better management of eligibility is an across-the-board reduction in service, which would have disproportionate effects on the most needy clients.

Budget impacts in future biennia:

These costs and savings will carry into future biennia.

Distinction between one-time and ongoing costs:

These are ongoing costs.

Effects of non-funding:

The alternatives are continued cost growth or across-the-board service reductions.

Expenditure Calculations and Assumptions:

See attachment - AASA PL-EK Adult Day Health Eligibility Asses.xls

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<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Program 050 Objects			
A Salaries And Wages	282,000	216,000	498,000
B Employee Benefits	67,000	52,000	119,000
E Goods And Services	107,000	61,000	168,000
G Travel	6,000	5,000	11,000
N Grants, Benefits & Client Services	(303,000)	(404,000)	(707,000)
T Intra-Agency Reimbursements	9,000	7,000	16,000
Total Objects	168,000	(63,000)	105,000

DSHS Source Code Detail

Program 050		<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State				
<u>Sources</u> <u>Title</u>				
0011 General Fund State		77,000	(43,000)	34,000
<i>Total for Fund 001-1</i>		77,000	(43,000)	34,000
Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa				
<u>Sources</u> <u>Title</u>				
19TA Title XIX Assistance (FMAP)		(403,000)	(452,000)	(855,000)
19UL Title XIX Admin (50%)		494,000	432,000	926,000
<i>Total for Fund 001-C</i>		91,000	(20,000)	71,000
Total Program 050		168,000	(63,000)	105,000